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| SERIAL NUMBER<br>10/618,298 | FILING OR 371(c)<br>DATE<br>07/11/2003<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1644 | ATTORNEY<br>DOCKET NO.<br>C014CIPDIV1/2CON |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/343,001 06/29/1999 ABN and is a CON of 09/342,314 06/29/1999 ABN \*  
 and said 09/343,001 06/29/1999  
 is a DIV of 08/637,323 04/22/1996 PAT 6,340,459  
 and said 09/342,314 06/29/1999  
 is a DIV of 08/637,323 04/22/1996 PAT 6,340,459  
 which is a CIP of 08/566,258 12/01/1995 ABN  
 which is a CIP of 08/567,391 12/01/1995 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 10/16/2003

|                                 |  |                        |                      |                     |                         |
|---------------------------------|--|------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NJ | SHEETS DRAWING<br>46 | TOTAL CLAIMS<br>101 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                     |                         |
| Verified and Acknowledged       | Examiner's Signature<br>Initials   |                        |                      |                     |                         |

## ADDRESS

1473

## TITLE

Therapeutic applications for the anti-T-BAM (CD40-1) monoclonal antibody 5C8

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>2292 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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